

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Steve Jarshian  
Registered Agent  
Farfard, Inc.  
909 Amity Rd.  
Anderson, SC 29621

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*[Signature]* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

*Kirsten Nauta*

## C. Date of Delivery

*9-13-06*

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

*06cv167*

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

Transfer from service label)

*7000-1670-0006-1038-9457*

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540